

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATS WIN SEATS (DWS PAC)

**A. Full Name (Last, First, Middle Initial)
CHRISTINE JENNINGS FOR CONGRESS**

Mailing Address 8211 241ST STREET EAST

City MYAKKA CITY State FL Zip Code 34251

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: SB23.5105

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Amount of Each Disbursement this Period

2000.00

**B. Full Name (Last, First, Middle Initial)
DRIEHAUS FOR CONGRESS**

Mailing Address 1018 BENZ AVENUE

City CINCINNATI State OH Zip Code 45238

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: SB23.5100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

3000.00

**C. Full Name (Last, First, Middle Initial)
JIM HIMES FOR CONGRESS**Mailing Address 65 HIGH RIDGE ROAD
BOX 456

City STAMFORD State CT Zip Code 06905

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23.5092

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)